

# BAMC

## Family Readiness Group

Date: \_\_\_\_\_

\_\_\_\_\_  
Last Name      First      Middle

\_\_\_\_\_  
Prefers to be called

\_\_\_\_\_  
Date of Birth    M/D/Y    Arrival Date

\_\_\_\_\_  
Assigned Unit

\_\_\_\_\_  
Spouse's Last name    First    Middle

\_\_\_\_\_  
Prefers to be called

\_\_\_\_\_  
Spouse's date of birth    M/D/Y

\_\_\_\_\_  
Anniversary date

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Spouse's Work Number

\_\_\_\_\_  
Spouse's Unit

\_\_\_\_\_  
Current Spouse mailing address & **E-mail address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Child's First Name      Last      M/F      Age      Grd.      Birthdate M-D-Y

\_\_\_\_\_  
Child's First Name      Last      M/F      Age      Grd.      Birthdate M-D-Y

\_\_\_\_\_  
Child's First Name      Last      M/F      Age      Grd.      Birthdate M-D-Y

\_\_\_\_\_  
Child's First Name      Last      M/F      Age      Grd.      Birthdate M-D-Y

What language is spoken at home? \_\_\_\_\_ Is an interpreter needed? \_\_\_\_\_

Do you have a current power of attorney? \_\_\_\_\_ Do you have a current will? \_\_\_\_\_

Do you have a current Family Care Plan? \_\_\_\_\_

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Do you or any member of your family have any special needs or concerns which may require some assistance during a deployment, for example: a pregnancy, moving on post, an exceptional family member, lack of transportation, ect... If so, please explain....

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Please list the family member you would like us to contact in case of an emergency while soldier is deployed.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Home Telephone #

\_\_\_\_\_  
Work Telephone #

\_\_\_\_\_  
Other Telephone #

## Traveling

I will be leaving on: Month/Date \_\_\_\_\_ Returning on: Month/Date \_\_\_\_\_

\_\_\_\_\_  
Temporary mailing address (if applicable)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Temporary Telephone #

\_\_\_\_\_  
Other Telephone #

Soldier's AKO e-mail  
address: \_\_\_\_\_

**The purpose of the Family Support Group is to maintain a network through which we can educate and inform ourselves about military family issues and support one another through the concerns that come with military life. Each of us may participate as much or as little as we chose. The information on this questionnaire issued to help maintain an effective Family Support Group. The only information that will be printed from this questionnaire is your telephone number, which will appear on the FSG roster. If you request to keep your number unlisted, it will not be printed.**

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